

PETITION FOR EX PARTE ORDER OF ASSIGNMENT

(ASSIGNMENT WITHOUT ADVANCE
NOTICE or HEARING)

Do not copy
or file this page

1

**To Make the Party Obey A Court Order For
Support, OR To Volunteer for Assignment of
Money Owed by You**



SELF-SERVICE CENTER

TO ENFORCE A COURT ORDER FOR SUPPORT

PETITION FOR EX PARTE ORDER OF ASSIGNMENT

FOR THE PARTY MAKING THE REQUEST

This packet contains court forms and instructions to file a Petition for an Ex Parte Order of Assignment. The documents should appear in order as listed. The items listed below in **BOLD** are forms that you will need to fill out, copy, and submit to the Court. **Do not copy or file the instructions and other non-bold items!**

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SELF-SERVICE CENTER

FORMS AND INSTRUCTIONS

**PETITION AND PAPERS FOR
“EX PARTE ORDER OF ASSIGNMENT”
ORDER OF ASSIGNMENT WITHOUT ADVANCE NOTICE OR HEARING
OR
TO VOLUNTEER TO START AN ASSIGNMENT FOR MONEY YOU OWE**

CHECKLIST

USE THE FORMS and instructions in this packet only if the following factors apply to your situation:

- ✓ You have a court order for child support or spousal support BUT you do not already have an “*Order of Assignment*”, **AND / OR**
- ✓ You are the person entitled to receive support; there is past due support owing, and you want to receive monthly payments on that past due amount, **OR**
- ✓ You are the person who has been ordered to make the payments and you want to voluntarily request an “*Order of Assignment*”.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

SELF-SERVICE CENTER

INSTRUCTIONS FOR PETITION FOR ORDER OF ASSIGNMENT EX PARTE (WITHOUT NOTICE)

DEFINITIONS:

“**Obligee**” is the person or agency entitled to receive support payments.

“**Obligor**” is the person ordered to make support payments.

Throughout these instructions the terms “**employer**,” “**wages**,” and “**paycheck**” are used. However, this Petition for Order of Assignment Ex Parte (without notice) may also be used in situations where a person is asking for an assignment of the Obligor’s **other monies such as lottery winnings or worker’s compensation payments**.

COMPLETE THIS FORM TO PETITION FOR AN EX PARTE ORDER OF ASSIGNMENT IF:

- You are the Obligee and there is an Arizona order establishing a support obligation or spousal support (maintenance) obligation, including past-due amounts, **OR**
- You are the Obligor and you want to begin a voluntary assignment

TO COMPLETE THIS FORM AND FILE THE PETITION YOU WILL NEED:

- Information from the Order(s) you want to enforce
- Attach a certified copy of the Order establishing the support obligation to the petition, if that order was issued in an Arizona county other than the one where you will file this request
- Attach a certified copy of the most recent order requiring payment on past-due support amounts to the petition, if that order was entered in an Arizona county other than the one where you will file this request

NOTE: These forms do not apply if your support order is not from Arizona. In that case, you may want to contact the state child support enforcement agency where your order was entered, the Department of Economic Security child support enforcement agency, in Arizona, or a private attorney regarding enforcement.

FOLLOW THESE INSTRUCTIONS:

- **TYPE OR PRINT NEATLY USING BLACK INK.**
 - Match each numbered step in the instructions with the item on the attached form that has the same number.
1. Type or print the name, address and telephone number of the person filing the Request. Include your **ATLAS** number if your case is a title IV-D case. (An attorney who is filing the Request must also list the name of the person represented and the attorney’s State Bar number.)
 2. Type or print the first, middle and last name of the person shown as the Petitioner on the order that established the support obligation. Type or print the first, middle and last name of the person shown as the Respondent on the order that established the support obligation.
 3. Type or print the case number assigned to your case on this page and at the top of each additional page. If the order was issued in a county other than the one where you are filing this petition, leave this line blank.
 4. Type or print the date the order that established the support obligation was signed by a Judicial Officer.
 5. Type or print the first, middle and last name of the obligor (person ordered to pay support).
 6. Type or print the name of the Judicial Officer that signed the order that established the support obligation.
 7. Enter all amounts previously ordered. The amounts you enter should reflect monthly payments.

8. Check all boxes that apply.
9. The requesting person must sign on the appropriate line in front of a Clerk of Superior Court or Notary Public affirming the contents of the Petition are true to the best of their knowledge. You must have picture identification with you.

WHEN YOU HAVE COMPLETED THIS FORM:

- File the petition with the Clerk of the Superior Court. The fee for filing for this process, as of January 1, 1998, is \$61.00. There may be additional fees, including an appearance fee of \$231.00 if this is the first time you have appeared in this case. If you cannot pay these fees, you may request that the fees be waived or deferred. The Clerk of the Superior Court and the Self-Service Center have the necessary forms to request a waiver or deferral. You may file your petition at any one of the following locations:
 - | | |
|--|--|
| The Clerk of the Superior Court
Central Court Building
201 West Jefferson, 1st floor
Phoenix, Arizona 85003 | The Clerk of the Superior Court
Southeast Court Facility
222 East Javelina Drive, 1st floor
Mesa, Arizona 85210 |
| The Clerk of the Superior Court
Northwest Court Facility
14264 West Tierra Buena Lane
Surprise, Arizona 85374 | The Clerk of the Superior Court
Northeast Court Facility
18380 North 40 th Street
Phoenix, AZ 85032 |
- If one of the parties is using the child support services of the **Division of Child Support Enforcement (DCSE)** a copy of the petition and a copy of the **"Order of Assignment"** must be mailed to: Attorney General, Child Support Enforcement, P.O. Box 6123, Site Code 775C, Phoenix, AZ 85005.

(1) Name of Person Filing Petition _____
 Mailing Address _____
 City, State, Zip _____
 Daytime/Evening Phone _____
 ATLAS Number (if applicable) _____
 In this case I am ☐ Plaintiff ☐ Respondent ☐ Represented by Attorney
 Attorney Name _____ Bar No. _____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

 (2)
 Name of Petitioner (in original case)

(3) CASE NO: _____

PETITION FOR EX PARTE ORDER OF ASSIGNMENT

A.R.S. §25-504

 Name of Respondent (in original case)

On (4) _____ (date), (5) _____, the person ordered to
 pay support, was ordered in (6) _____ (name of court, example: "Superior
 Court") in (7) _____ (location of court: county and state) to pay:

(8) \$ _____ monthly child support payment
 \$ _____ monthly spousal maintenance payment
 \$ _____ monthly child support arrearage payment
 \$ _____ monthly spousal maintenance arrearage payment

(9) I request that an Ex Parte Order of Assignment be issued because: (check all that apply)

- ☐ I am the person entitled to the support or I represent the agency entitled to collect the support, and there is no existing order of assignment.
- ☐ A past due obligation exists for child support, spousal support, spousal support arrears or interest and I request payment on past due support in the amount of \$ _____ per month
- ☐ I am the person required to pay the support and there is no existing order of assignment, and I hereby voluntarily request an order of assignment be issued for payment of my obligation.

STATE OF ARIZONA)
County of Maridopa) ss.

Subscribed and sworn or affirmed and acknowledged before me this date:

 Notary Expiration Date

 Notary Public or Clerk

Dated (10) _____

 Signature of person requesting Assignment

 Name of Agency if Applicable

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

(1)

 Petitioner (in original case)

 Respondent (in original case)
Case No.

 ATLAS No

 (if applicable)

**EX PARTE
ORDER OF ASSIGNMENT
A.R.S. § 25-504**

TO: Current and future employers or other payers of:(2) Name:

 SSN:

You shall withhold court-ordered payments as follows:(3)**(Use same amounts as listed in (6) of the "Request")**

Current Child Support	\$ <hr/>
Current Spousal Maintenance	\$ <hr/>
Payments on Child Support Arrearages/Interest	\$ <hr/>
Payments on Spousal Maintenance Arrearages/Interest	\$ <hr/>
Subtotal	\$ <hr/> per month
Clearinghouse handling fee	\$ <hr/> 2.25* per month
Total amount per month	\$ <hr/>

but no more than 50% of the disposable earnings (A.R.S. § 33-1131) to be made payable to the Support Payment Clearinghouse. * The monthly Clearinghouse handling fee is set by statute and is subject to change (A.R.S. § 25-510).

**THIS ORDER MODIFIES AND REPLACES ANY PREVIOUSLY DATED ORDERS OF ASSIGNMENT
WITH THE SAME CASE NUMBER.**

This Order of Assignment is effective immediately upon receipt by an employer or other payor, including self-employed persons, and continues until further Order, or until a period of ninety continuous days from the last payment to the person ordered to make support payments (the Obligor). If you are again obligated to pay monies to the Obligor within ninety days, you are again bound by this Order of Assignment. Payment must be sent to the Clearinghouse within two business days after the obligor is paid.

This is an "Ex Parte" Order. If you are the first employer or other payor served, you are ordered to serve by personal delivery or by registered mail a copy of: (1) the Request, (2) the Order of Assignment, and (3) the Notice to the person ordered to pay within five (5) days of the date you were served.

Case No. _____

The first employer or other payor served shall not withhold or deduct amounts specified in the Ex Parte Order of Assignment for fourteen (14) calendar days to allow the obligor an opportunity to contest the Order of Assignment, if necessary, pursuant to A.R.S. § 25-504(G). Any future employers or future payors shall begin withholding no later than fourteen (14) days after receipt of the Order of Assignment.

YOU SHALL NOT DISCHARGE OR OTHERWISE DISCIPLINE THE PERSON NAMED IN THIS ASSIGNMENT BECAUSE OF SERVICE OF THIS ORDER OF ASSIGNMENT.

THE ATLAS NUMBER AND EMPLOYEE'S NAME MUST APPEAR ON THE TRANSMITTAL FORM OR CHECK.

Send Payments to:

SUPPORT PAYMENT CLEARINGHOUSE, P.O. BOX 52107, PHOENIX, ARIZONA 85072-2107

Dated: _____

Judicial Officer or Clerk of the Superior Court

CURRENT EMPLOYER INFORMATION

You may also fill out this form online at the Family Support Center Website at:
<http://www.familysupportcenter.maricopa.gov>

THIS FORM MUST BE COMPLETED FOR:

- ☐ **AN ORDER OF ASSIGNMENT (STAPLE TO THE ORDER OF ASSIGNMENT)**
- ☐ **ORDER TO STOP AN ORDER OF ASSIGNMENT (STAPLE TO THE STOP ORDER)**
- ☐ **NOTIFICATION OF A CHANGE OF EMPLOYER**

CASE NUMBER: _____

ATLAS NUMBER: _____

PAYOR NAME: _____
(PERSON TO MAKE PAYMENTS)

LIST ONLY THE EMPLOYER'S NAME AND PAYROLL ADDRESS WHERE THE ORDER OF ASSIGNMENT OR STOP ORDER SHOULD BE MAILED.

CURRENT EMPLOYER NAME: _____

PAYROLL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMPLOYER TELEPHONE: _____

EMPLOYER FAX: _____

FOR COURT USE ONLY. DO NOT WRITE BELOW THIS LINE.

WA/FSC

WA/LOG ID:	_____
TYPE OF W/A	_____
DATE	_____
AMOUNT OF ORDER	_____
EMPLOYER STATUS	_____
ENTERED BY	_____
NEW W/A	_____
AG	_____
	SUB _____
	DCSE _____